

HOW TO FILE A COMPLAINT WITH THE AUDIT UNIT

The Audit Unit of the Division of Workers' Compensation tracks complaints against workers' compensation claims administrators to help in determining which claims administrators are audited. California Labor Code Section 129 requires the Audit Unit to audit "...insurers, self-insured employers, and third-party administrators to determine if they have met their obligations...." However, that section also states "...at least half of the audit subjects shall be selected at random...." As a result, no more than half the audit subjects may be selected on a non-random, or target, basis. The adjusting locations which are selected for non-random audit may be selected based on prior audit results or on the Audit Unit's tracking and investigation of complaints regarding alleged violations or claims handling practices.

To help the Audit Unit select non-random audit subjects, the Audit Unit tracks all complaints received regarding improper claims handling. The Audit Unit records exactly what violations are alleged and selects for investigation those locations for which the highest number, and most serious, violations in proportion to the number of claims handled at the adjusting location are alleged. The Audit Unit then investigates those complaints by closely reviewing the claim files in question. Finally, the Audit Unit selects for audit those locations which have the most violations, and the most serious violations, in proportion to the number of claims handled at the location.

In order to help the Audit Unit track alleged violations for possible audit selection, please send complaints to the **Division of Workers' Compensation, Audit Unit** at any of the following addresses:

**1661 North Raymond Ave., Room 201
Anaheim, CA 92801-1143**

**2424 Arden Way, Suite 305
Sacramento, CA 95825-2482**

In addition to specific details regarding the violation(s) you are reporting, please include the following information in your complaint:

1. Claims Administrator Company Name, Address and Telephone Number.
2. Injured Worker Name, Address and Telephone Number.
3. Claim Number and Date of Injury (**injuries prior to 1/1/90 cannot be considered by the Audit Unit**).
4. Employer Name.
5. Workers' Compensation Appeals Board Case Number, if applicable.

PLEASE ATTACH COPIES OF SUPPORTING DOCUMENTATION, IF AVAILABLE.

Because of the volume of complaints received by the Audit Unit and the limited number of audits that can be conducted in any given year, all claims for which complaints are received cannot be audited. However, all complaints are evaluated and tracked to help determine who will be audited.

Because of confidentiality restrictions imposed by Labor Code Section 129, you will *not* be informed of the results if your claim is audited.

AUDIT REFERRAL FORM

_____ Claims Administrator / Company Name	_____ Injured Worker Name
_____ Address, City, State, Zip	_____ Address, City, State, Zip
_____ Claim Number	_____ Date Of Injury
_____ Date Or Period Of Violations	_____ Employer

SPECIFIC DETAILS OF COMPLAINT

List the nature of the complaint, being as specific as possible. For example, late payments of temporary or permanent disability (the number of late payments, if known), failure to pay temporary or permanent disability, vocational rehabilitation maintenance allowance, or 10% self-imposed penalties for late payments (indicate the periods not paid, if known), failure to provide vocational rehabilitation services when indicated, failure to pay or object to medical or medical-legal bills, failure to investigate a claim, unsupported denial of liability for a claim, et al. Please attach copies of supporting documentation, if available

_____ Complainant Name & Title	_____ Date
_____ Address, City, State, Zip	